U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Øfficial Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

ANG 16PAID READ THE INSTRUCTIONS CAREFUL	LV PETODE PREPARING THE PETODE
E Q M . /	LLY BEFORE PREPARING THIS REPORT.
We DROIT	
1. File Number U- 1/1/7/6	2. Fiscal Year Covered From:
\$	01 /01 /2004 Through: 12 /31 /2004
3. Name and address of person filing.	3. Name, file number, and address of labor organization.
Name JAMES PLANT	Name ELECTRICAL WORKERS IBEW AFL-CIO LU 25
	Labor Organization File Number 039-321
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 370 VANDERBILT MOTOR PARKWAY	Street 370 VANDERBILT MOTOR PARKWAY
City HAUPPAUGE	City HAUPPAUGE
State NY ZIP Code + 4 11788-5133	State NY ZIP Code + 4 11788-5133
5. Position in labor organization. PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interes (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization re 3. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	· -
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	-
State ZIP Code + 4	-
Signature	
15. Signature and verification. The undersigned declares, under penal	ity of Perjury and other applicable penalties of the law, that all of the
information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory	

and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Form LM-30 (2003)

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR
Name ANNUITY FUND OF THE ELECT IND OF LI	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment568.34

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly organization with your labor organization or with a trust in which your labor organization.	therwise dealing with the business ctively seeking to represent, or r indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of mone	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR
Name ANNUITY FUND OF THE ELECT IND OF LI	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT NCCMP CONFERENCE IN ORLANDO, FL.
P.O. Box, Bldg., Room No., if any	
Street 372 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 852.51

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business ctively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name ANNUITY FUND OF THE ELECT IND OF LI	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN PALM SPRINGS, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly organization with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	therwise dealing with the business ctively seeking to represent, or r indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	a. Labor Organization b. Trust c. Employer
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR
Name I.B.E.W. LOCAL 25 401K FUND Trade Name, if any:	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 4 ₁₁₇₈₈ -5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 568.34

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business ctively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under par	ts A and B above)
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	y or other thing of value. 14.a. Nature of payment,
(including trade name, if any).	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR
Name I.B.E.W. LOCAL 25 401K FUND	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL.
Trade Name, if any:	•
P.O. Box, Bldg., Room No., if any	
Street 372 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 852.51

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name I.B.E.W. LOCAL 25 401K FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN PALM SPRINGS, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 736.52

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business ctively seeking to represent, or r indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	a. Labor Organization b. Trust c. Employer
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name I.B.E.W. LOCAL 25 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 72 VANDERBILT MOTOR PARKWAY City HAUPPAUGE State NY Street 1788-5133	14.a. Nature of payment. REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is an (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business ctively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	TE.A. TALOTO OF INCIDENTIAL OF INCOMP.
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name I.B.E.W. LOCAL 25 PENSION FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT NCCMP CONFERENCE IN ORLANDO, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 852.51

Name of Person Filing JAMES PLANT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	L c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of mone	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name I.B.E.W. LOCAL 25 PENSION FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN PALM SPRINGS, FL.
P.O. Box, Bldg., Room No., if any	
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment. 736.52